

DISCUSSION OF PUBLIC-PRIVATE
PARTNERSHIP:
ITS IMPACT UPON PHYSICIANS AND
THEIR PROFESSIONAL ASSOCIATES*

MELVIN A. GLASSER

Director, Social Security Department
United Automobile Workers
Detroit, Mich.

THERE are six observations I want to bring to your attention because I think they may help illuminate the issues before us.

First, except by indirection, no mention has been made in these discussions of our value systems. The central question is, I believe: Where do we put the right to good health in our national goals? Is it important enough to have a sufficiently high priority? And if it does have a sufficiently high priority, we must answer questions like those raised by Carroll Witten: Is there an insatiable demand of consumers for health-care services?

I believe a country which is 15th in infant mortality is in trouble. When in 11 other countries men of 40 have a better chance of reaching the age of 50 than in the United States, there is not an insatiable demand for health care here; there is a critical need for better health-care services. So I say to you that in looking at the partnership, the partners must make up their minds how important is this business that they are in.

Second, there is an assumption here in this discussion, as E. Richard Weinerman pointed out, that there is a medical-care system in this country. I do not have to tell many of you that nothing could be further from the truth. This is a country characterized by a medical nonsystem: at worst we have two nonsystems. We have one for most people, and a separate but less equal nonsystem for poor people and for black people and for other minority groups.

When one looks at the statistics, which I shall not quote, one realizes that John T. Dunlop did a good job this morning. One sees that the nonsystem is one of the main reasons for failure to obtain a decent

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comprehensive set of health services for all. Dr. Witten has said that not any of the health legislation has in fact changed the patterns of practice. I am afraid, Dr. Witten, I go beyond you: I say that the health legislation has in many ways cemented in the nonsystem to such a degree that is harder today to change it than it was even five years ago.

This is a matter of grave concern to those of us who participate in the programs, who attempt to purchase the care, and who attempt to see that the consumers get their money's worth.

Dr. Witten says that the neighborhood health centers are not doing a good job. I might modify that to say they are not doing a good enough job. I am afraid they will continue to do only a partial job as long as they are islands in a nonsystem where we have unrelated services, partial care, and episodic illness at the center of concern. But, properly structured and organized, their potential for good delivery of health-care services can be much better realized than at present. So I say the assumption of system is a misleading one.

The third of my observations derives from my conviction that much of the lack of movement in health care is due to lack of courage rather than lack of knowledge. We are told that our priority systems are faulty; that there is not enough coordination; that we do not know enough about what the priorities are. I submit that is sheer hogwash. I suggest to you that in the course of a day a dozen knowledgeable persons from the group assembled here today could reach substantial agreement on what are the priorities in terms of comprehensive care, continuous care, care readily accessible and available to the entire population without the economic barriers that block the complete delivery of health care.

It is not a question of priorities. It is a question of our willingness to take on the nonsystem and to face up to the controversial issues of organization for the delivery of care, so that we can in fact meet the priority system. And I suggest to you that it is possible, quite possible, to deal with these priorities and to deal with questions of organization, if those who are partners will step up to the responsibilities of partnership. Studies carried out by organized medicine to determine whether in fact cigarette smoking may not be so bad for you are less important than studies which might be undertaken by one of the partners, organized medicine, on how to structure a system which will deliver decent health care.

This, however, will not be possible until the leaders in the profession

are as willing to admit the existence of a health-care crisis in this country as are the consumers of care, the members of Congress, the governors, and many of the leading mass-media organs.

This brings me to my fourth comment. There has been only passing reference made to the fact that there is a new member in the partnership. This new member is called the consumer of care. He buys it. He pays for it. He is the recipient of it. And as a representative of consumers of care I can tell you that the consumers are not well equipped to judge the quality of the individual services they get. They must depend in large measure upon the health professions to help them. They are very well equipped to judge the manner in which the services are made available, and the way in which they are treated in connection with the receipt of those services. These too are quality factors, but they are only part of the picture. The health-profession partner must be looked to for initiative and implementation of quality controls, particularly for out-of-hospital services.

When I say the consumer wishes to be involved and is a partner it is in realistic recognition that large numbers of consumers are going to demand—either through confrontation or through control of the dollars with which the services are bought—that they be made equal partners.

They are the recipients, they are the purchasers, and they no longer will be content to stand by on the sidelines. So in our planning I think we need to take this into account, and we need to recognize it is possible to do this without confrontations—provided we do not delay too long. There is nothing very radical about this concept. Social planners have known and practiced it for years. It is unfortunate that it is still a new and somewhat alien notion to the health-care field.

The fifth of my observations relates to money. I do not believe money will solve all the problems of the medical-care nonsystem. I agree with Dr. Weinerman on that, but lack of money and inflation of costs are having a serious effect on the soundness of health-care programs. There is great alarm over the fact that the costs of medical care in this country are going up about two and one-half times more rapidly than the increases in the cost of living. As a result we are getting more and more health-care problems in terms of economic barriers to early care, to the continuum of services, and to the determination of health program priorities. In Medicaid, for example, cost inflation is resulting in not any penalty to those who deliver the services and in severe penalties to

those who receive them, for they are finding their benefits sharply cut back.

We need, too, more precise use of the terms insurance and prepayment. What we need in the health-care field is prepayment, which means spreading the costs. In most peoples' minds, though not in the minds of the insurance experts, insurance means paying for an accident, a catastrophic event. However, poor health is not an accident; it usually is something quite different. It frequently results from lack of planning to maintain good health. Such planning for good health is possible under properly designed prepayment programs. The primary issue, as I see it, is the need to plan to use the monies available for personal health services in ways which will cover the entire population, which will spread the risk and will prepay comprehensive preventive, therapeutic, and restorative services. Central to this goal must be the recognition that the monies available need to be used to accelerate the reorganization of our present antiquated, fragmented delivery system.

I favor merging laundries in three or more hospitals to save money, and I am vigorously opposed to having three open heart surgeries on the same block. But I do not believe that cost-saving measures like these will have significant impact on our money problems. And as long as we keep "tunnel" vision, we shall have tunnel services. I suggest to you that we now know better, that we know how to look at the whole man, and that we need to do something about providing for him through reorganization of the health-services delivery system.

And this leads to my final point: that with the increase in public monies and with the proliferation of insurance and prepayment, we are doing an increasingly poor job in control of the quality of care. Statements about quality of care or lack of it, when made by laymen, usually arouse the ire of our medical friends. But whether the doctors become angry or not we shall continue to show our dissatisfaction and to demonstrate the shortcomings in the services delivered, at least until the profession itself is stirred to action. Here we need to turn to Dr. Witten's comment about leadership. The leadership and control of the quality of care can rest in only one place: with those who deliver the care.

I suggest to you that we have not had any substantial leadership on that score. Here, representing consumers of care, I can say only that we are in the hands of those who deliver it. Now it is quite possible to devise measures which will begin to assure consumers that they are

receiving reasonably good-quality health care. It is not enough to take the various quality of care studies which have been made, which question the quality of services offered and delivered, and refute them on the grounds that the studies are not comprehensive enough, or that they omitted this factor or that. Sad to say there has been more of this negative response from our health-profession partners than an affirmation of positive measures which can and should be developed to assure that the monies being spent are obtaining the kinds of services which our health-professional partners know how to deliver, and to which our people are entitled.

These six considerations I place before you in, I hope, an affirmative, constructive way. If this partnership is to be a success, as I believe it will be, it needs to take into account the wishes of all the partners, particularly those of the individuals for whom the system is designed, namely the people of the United States.